

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Nuredin		08-10-01
O.I.P.E. CLASSIFIER		WGCW	8/17/01
FORMALITY REVIEW	MA	830	10/04/01
RESPONSE FORMALITY REVIEW	JP	1027	12/18/01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Final	Original	12	16	21	12	Date
1	✓	✓	✓	✓	✓	✓	
2	✓	✓	✓	✓	✓	✓	
3	✓	✓	✓	✓	✓	✓	
4	✓	✓	✓	✓	✓	✓	
5	✓	✓	✓	✓	✓	✓	
6	✓	✓	✓	✓	✓	✓	
7	✓	✓	✓	✓	✓	✓	
8	✓	✓	✓	✓	✓	✓	
9	✓	✓	✓	✓	✓	✓	
10	✓	✓	✓	✓	✓	✓	
11	✓	✓	✓	✓	✓	✓	
12	✓	✓	✓	✓	✓	✓	
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Claim	Final	Original	12	16	21	12	Date
51	✓	✓	✓	✓	✓	✓	
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60	✓	✓	✓	✓	✓	✓	
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Claim	Final	Original	12	16	21	12	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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